



Workers' Compensation
Arbitration Service
2 Bedbrook Place
Shenton Park WA 6008
Ph 08 9388 5555

@WorkCoverWA
www.workcover.wa.gov.au

# INTERLOCUTORY APPLICATION Form 156

### **NOTES FOR LODGING PARTY**

- You are required to have consulted with each party which may be affected by the Interlocutory Application before lodging this form pursuant to rule 37 of the Workers' Compensation and Injury Management Arbitration Rules 2011.
- Attach a separate page(s) to this form if you do not have enough space.
- · This form must be signed.
- Completed forms must be lodged online at https://online.workcover.wa.gov.au, or if you are EDS exempt and choose not to lodge online, by either:

#### **POST**

Workers' Compensation Arbitration Service WorkCover WA 2 Bedbrook Place SHENTON PARK WA 6008

OR

Documents may be lodged by email subject to conditions. See the WorkCover WA website.

OR

FΜΔΙΙ

IN PERSON

Workers' Compensation Arbitration Service 2 Bedbrook Place SHENTON PARK WA 6008 Monday to Friday, 8am to 5pm

- If lodging by post or in person, you must file the original Interlocutory Application and attachments with the Workers' Compensation Arbitration Service, plus a copy for each party to the dispute.
- · Sealed copies will be returned to you for service on the other parties.

For further information, please contact WorkCover WA's Advice and Assistance Unit on 1300 794 744 or (08) 9388 5537 (TTY).

# **SECTION A - CASE DETAILS**

- 1. Case number
- 2. Applicant
- 3. Respondent

State Applicant and Respondent as stated on the Application for Arbitration (Form 150)

4. Lodged by (tick relevant box)

Worker Employer Insurer Dependant

Worker representative Employer representative Insurer representative Service provider

Other (please specify)

## **SECTION B - APPLICATION DETAILS**

5. Application type (tick relevant box)

Leave to amend document Leave to adduce (bring) oral evidence

Leave to file late document/evidence Leave to produce additional expert witness report

Leave to file previously unspecified evidence Leave to call oral evidence from a medical practitioner

Leave to join parties Adjournment

Request for order to produce documents (must also Other (please specify) complete Form 158)

6. State the orders sought

7. Provide reasons for this Application (include reasons why the Application for Arbitration, Reply or Directions Hearing in acco			ation was not addresse	ed in the
SECTION C - CONSULTATION				
8. State the action taken to consult with each other party affected dates of oral communication and the reasons given by the other other dates.	•		, , ,	ude the
9. Alternatively, justify the filing of this Application without consul rule 37(3)	tation by providin	g reasons for fa	ailing to consult in acco	ordance with
SECTION D - PROCEDURE				
10. Can the Application be dealt with on the papers?	Yes	No		
11. Is a Hearing required?	Yes	No		
SECTION E - DOCUMENTS IN SUPPORT OF APPLICATION  12. List the documents filed with this Interlocutory Application as evidence in support of the orders sought				
No. Do	ocument title			
1				
3				
4				
SECTION F - SIGNATURE				
Signature	]			
	Name			
	Date			
SECTION G - HEARING DETAILS				
This box will be completed only when an Arbitrator intends not to deal with the Application on the papers.				
This Interlocutory Application is listed for hearing at 2 Bedbrook F			day, the	day of
A separate listing notice may also be sent.				

Form 156 WorkCover WA Page 2 of 2